MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2629

=63-008604 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 14 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits) give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2702 Dayton — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside give location): 2702 Dayton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Artigue — Middle: — Last: Fitch

4. DATE OF DEATH: Month: 3 Day: 3 Year: 63

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐ — 8. DATE OF BIRTH: 10-25-1902 — 9. AGE (last birthday): 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor — 10b. KIND OF BUSINESS OR INDUSTRY: Wagner Electric — 11. BIRTHPLACE (City and state or country): Cuba Ala — 12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Ben Fitch — 13b. MOTHER'S MAIDEN NAME: Hattie Stud — 14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi): Yes World War One — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Fannie Stewart — Address: 5004 Vernon

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atypical Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-1-63.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza — 2-25-63.
DUE TO (c): 480x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Myocardial degeneration

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb-25-63 to Mar. 2-'63 and last saw her/him alive on 3-2-'63.
Death occurred at 1 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. L. Sherard, M.D. — 22b. ADDRESS: 5010 Page Blvd — 22c. DATE SIGNED: 3-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify) — 23b. DATE: 3-8-63 — 23c. NAME OF CEMETERY OR CREMATORY: National Cemetery — 23d. LOCATION (City, town, or county) (State): Jefferson Barrack, Mo.

24. FUNERAL DIRECTOR — ADDRESS: S. J. Watson — 2769 Chouteau — 25. DATE RECD. BY LOCAL REG.: MAR 6 1963 — 26. REGISTRAR'S SIGNATURE: Ford Smith, M.D.

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
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USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 5072

P. O. Address 433 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.